



Dementia-friendly Alton

Safeguarding Adults Policy

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Introduction

Dementia-friendly Alton is committed to Safeguarding Adults in line with national legislation and relevant national and local guidelines.

We will safeguard adults by ensuring that our activities are delivered in a way which keeps all adults safe.

Dementia-friendly Alton is committed to creating a culture of zero-tolerance of harm to adults which necessitates: the recognition of adults who may be at risk and the circumstances which may increase risk; knowing how adult abuse, exploitation or neglect manifests itself; and being willing to report safeguarding concerns.

This extends to recognising and reporting harm experienced anywhere, including within our activities, within other organised community or voluntary activities, in the community, in the person's own home and in any care setting.

Dementia-friendly Alton is committed to best safeguarding practice and to uphold the rights of all adults to live a life free from harm from abuse, exploitation and neglect.

Policy Statement

Dementia-friendly Alton believes everyone has the right to live free from abuse or neglect regardless of age, ability or disability, sex, race, religion, ethnic origin, sexual orientation, marital or gender status.

Dementia-friendly Alton is committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution.

Dementia-friendly Alton acknowledges that safeguarding is everybody's responsibility and is committed to prevent abuse and neglect through safeguarding the welfare of all adults involved.

Dementia-friendly Alton recognises that health, well-being, ability, disability and need for care and support can affect a person's resilience. We recognise that some people experience barriers, for example, to communication in raising concerns or seeking help. We recognise that these factors can vary at different points in people's lives.

Dementia-friendly Alton recognises that there is a legal framework within which support services need to work to safeguard adults who have needs for care and support and for protecting those who are unable to take action to protect themselves and will act in accordance with the relevant safeguarding adult legislation and with local statutory safeguarding procedures.

Actions taken by Dementia-friendly Alton will be consistent with the principles of adult safeguarding ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned.

Purpose

The purpose of this policy is to demonstrate the commitment of Dementia-friendly Alton to safeguarding adults and to ensure that everyone involved in Dementia-friendly Alton is aware of:

- The legislation, policy and procedures for safeguarding adults.
- Their role and responsibility for safeguarding adults.
- What to do or who to speak to if they have a concern relating to the welfare or wellbeing of an adult within the organisation.

Scope

This safeguarding adult policy and associated procedures apply to all individuals involved in Dementia-friendly Alton including Trustees, Staff, Volunteers, Members and Carers Members and to all concerns about the safety of adults whilst taking part in our organisation, its activities and in the wider community.

We expect our partner organisations and stakeholders, to adopt and demonstrate their commitment to the principles and practice as set out in this Safeguarding Adults Policy and associated procedures.

Commitments

In order to implement this policy Dementia-friendly Alton will ensure that:

- Everyone involved with Dementia-friendly Alton is aware of the safeguarding adult procedures and knows what to do and who to contact if they have a concern relating to the welfare or wellbeing of an adult.
- Any concern that an adult is not safe is taken seriously, responded to promptly, and followed up in line with Dementia-friendly Alton Safeguarding Adults Policy and Procedures.
- The well-being of those at risk of harm will be put first and the adult actively supported to communicate their views and the outcomes they want to achieve. Those views and wishes will be respected and supported unless there are overriding reasons not to (see Making Safeguarding Personal).
- Any actions taken will respect the rights and dignity of all those involved and be proportionate to the risk of harm.
- Confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored in line with our Data Protection Policies.
- Dementia-friendly Alton will cooperate with the Police and the relevant Local Authorities in taking action to safeguard an adult.
- All Board members, staff, officials and volunteers understand their role and responsibility for safeguarding adults and have completed and are up to date with safeguarding adult training and learning opportunities appropriate for their role.
- Dementia-friendly Alton uses safe recruitment practices and continually assesses the suitability of volunteers and staff to prevent the employment/deployment of

unsuitable individuals in this organisation. Dementia-friendly Alton has a process for undertaking DBS checks, in accordance with guidance for employers:

<https://www.gov.uk/guidance/dbs-check-requests-guidance-for-employers>

- Dementia-friendly Alton shares information about anyone found to be a risk to adults with the appropriate bodies. For example: Disclosure and Barring Service, Services, Police, Local Authority/Social Services.
- When planning activities and events Dementia-friendly Alton includes an assessment of, and risk to, the safety of all adults from abuse and neglect and designates a person who will be in attendance as a safeguarding lead for that event.
- Actions taken under this policy are reviewed by the Board of Trustees and senior management team (Team Leaders) on an annual basis.

Implementation

Dementia-friendly Alton is committed to developing and maintaining its capability to implement this policy and procedures. In order to do so the following will be in place:

- A clear line of accountability within the organisation for the safety and welfare of all adults.
- Safeguarding adult procedures that deal effectively with any concerns of abuse or neglect, including those caused through poor practice.
- A Safeguarding Lead (see Appendix 1).
- A delegated Safeguarding Lead/Welfare Officer for events/trips.
- Arrangements to work effectively with other relevant organisations to safeguard and promote the welfare of adults, including the sharing of information.
- Codes of conduct for Trustees, Staff, Volunteers and Members and other relevant individuals that specify zero tolerance of abuse in any form.
- Risk assessments that specifically include safeguarding of adults.
- Policies and procedures that address the following areas and which are consistent with this Safeguarding Adults policy.

Key Points

- There is a **legal duty on Local Authorities** to provide support to 'adults at risk'.
- **Adults at risk** are defined in legislation and the criteria applied differs between each home nation. (see definitions for each home nation on page 8).
- The safeguarding legislation applies **to all forms of abuse** that harm a person's well-being.
- The law provides a framework for good practice in safeguarding that makes the overall **well-being** of the adult at risk a priority of any intervention.
- The law in all four home nations emphasises the importance of **person-centred safeguarding**, (referred to as '**Making Safeguarding Personal**' in England).
- The law provides a framework for making decisions on behalf of adults who can't make decisions for themselves (**Mental Capacity**).
- The law provides a framework for sports organisations to **share concerns** they have about adults at risk with the local authority.
- The law provides a framework for all organisations to **share information and cooperate** to protect adults at risk.

Safeguarding Adults Legislation

Safeguarding Adults in all home nations is compliant with United Nations directives on the rights of disabled people and commitments to the rights of older people. It is covered by:

- The Human Rights Act 1998
- The Data Protection Act 2018
- General Data Protection Regulations 2018

The practices and procedures within this policy are based on the The Care Act 2014 Care and Support Statutory Guidance (especially chapter 14) 2014

Definition of an Adult at Risk

An Adult at risk is an individual aged 18 years and over who:

- (a) has needs for care and support (whether or not the local authority is meeting any of those needs) AND;
- (b) is experiencing, or at risk of, abuse or neglect, AND;

as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

(Care Act 2014, Chapter 14)

Abuse and Neglect

Abuse is a violation of an individual's human and civil rights by another person or persons. It can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Any or all of the following types of abuse may be perpetrated as the result of deliberate intent, negligence, omission or ignorance.

There are different types and patterns of abuse and neglect and different circumstances in which they may take place.

Safeguarding legislation in each home nation lists categories of abuse differently however, they all include the following types of abuse:

- Physical
- Sexual
- Psychological
- Neglect
- Financial

Abuse can take place in any relationship and there are many contexts in which abuse might take place; e.g. Institutional abuse, Domestic Abuse, Forced Marriage, Human Trafficking, Modern Slavery, Sexual Exploitation, County Lines, Radicalisation, Hate Crime, Mate Crime, Cyber bullying, Scams. Some of these are named specifically within home nation legislations.

Abuse can take place within a social care context and the person causing harm might be any other person. For example: a member of staff, a volunteer, a member of the public, a family or professional carer

Some examples of abuse within health and social context include:

- Harassment of a participant because of their (perceived) disability or other protected characteristics.
- Not meeting the needs of the participant e.g. not giving a necessary rest.
- Shouting at person who is unable to do something for themselves
- Carer or worker controlling the adult with threats of withdrawal of assistance
- Carer or worker threaten the adult with physical harm and persistently blame them for not helping themselves.

Abuse or neglect could be carried out by:

- A spouse, partner or family member
- Neighbours or residents
- Friends, acquaintances or strangers
- Paid staff, professionals or volunteers providing care and support

Often the perpetrator is known to the adult and may be in a position of trust and/or power.

The Safeguarding Adults Legislation in England defines categories of adult abuse and harm as follows.

Physical

Sexual

Emotional/Psychological/Mental

Neglect and acts of Omission

Financial or material abuse

Discriminatory

Organisational / Institutional

Self-neglect

Domestic Abuse (including coercive control)

Modern slavery

Signs and Indicators of Abuse and Neglect

An adult may confide to a member of staff or volunteer or another participant that they are experiencing abuse inside or outside of the organisation's setting. Similarly, others may suspect that this is the case.

There are many signs and indicators that may suggest someone is being abused or neglected. There may be other explanations, but they should not be ignored. The signs and symptoms include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- Person is not attending / no longer enjoying their sessions.
- Someone losing or gaining weight / an unkempt appearance.
- A change in the behaviour or confidence of a person. For example, a participant may be looking quiet and withdrawn family members or others come to collect them from sessions in contrast to others whom they greet with a smile.
- Self-harm.
- A fear of a particular group of people or individual.
- A carer always speaks for the person and doesn't allow them to make their own choices
- They may tell you / another person they are being abused – i.e. a disclosure

Wellbeing Principle

The concept of 'well-being' is threaded throughout UK legislation and is part of the Law about how health and social care is provided. Our well-being includes our mental and physical health, our relationships, our connection with our communities and our contribution to society.

Being able to live free from abuse and neglect is a key element of well-being.

For that reason any actions taken to safeguard an adult must take their whole well-being into account and be proportionate to the risk of harm.

Person Centred Safeguarding/ Making Safeguarding Personal

The legislation also recognises that adults make choices that may mean that one part of our well-being suffers at the expense of another – for example we move away from friends and family to take a better job. Similarly, adults can choose to risk their personal safety; for example, to provide care to a partner with dementia who becomes abusive when they are disorientated and anxious.

None of us can make these choices for another adult. If we are supporting someone to make choices about their own safety we need to understand 'What matters' to them and what outcomes they want to achieve from any actions agencies take to help them to protect themselves.

The concept of 'Person Centred Safeguarding'/'Making Safeguarding Personal' means engaging the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control, as well as improving their quality of life, well-being and safety. Organisations work to support adults to achieve the outcomes they want for themselves. The adult's views, wishes, feelings and beliefs must be taken into account when decisions are made about how to support them to be safe. There may be many different ways to prevent further harm. Working with the person will mean that actions taken help them to find the solution that is right for them. Treating people with respect, enhancing their dignity and supporting their ability to make decisions also helps promote people's sense of self-worth.

If someone has difficulty making their views and wishes known, then they can be supported or represented by an advocate. This might be a safe family member or friend of their choice or a professional advocate (from a third sector organisation).

Table 1 The Principles of Adult Safeguarding in England (Care Act, 2014)

The Act's principles are:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** – Accountability and transparency in delivering safeguarding.

Mental Capacity and Decision Making

We make many decisions every day, often without realising. UK Law assumes that all people over the age of 16 have the ability to make their own decisions, unless it has been proved that they can't. It also gives us the right to make any decision that we need to make and gives us the right to make our own decisions even if others consider them to be unwise.

We make so many decisions that it is easy to take this ability for granted. The Law says that to make a decision we need to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate our decision

A person's ability to do this may be affected by things such as learning disability, dementia, mental health needs, acquired brain injury and physical ill health.

Most adults have the ability to make their own decisions given the right support however, some adults with care and support needs have the experience of other people making decisions about them and for them.

Some people can only make simple decisions like which colour shirt or trousers to wear or can only make decisions if a lot of time is spent supporting them to understand the options. If someone has a disability that means they need support to understand or make a decision this must be provided. A small number of people cannot make any decisions. Being unable to make a decision is called "lacking mental capacity".

Mental capacity refers to the ability to make a decision at the time that decision is needed. A person's mental capacity can change. If it is safe/possible to wait until they are able to be involved in decision making or to make the decision themselves.

For example:

- A person with epilepsy may not be able to make a decision following a seizure.
- Someone who is anxious may not be able to make a decision at that point.
- A person may not be able to respond as quickly if they have just taken some medication that causes fatigue.

Mental Capacity is important for safeguarding for several reasons.

Not being allowed to make decisions one is capable of making is abuse. For example, a disabled adult may want to take part in an activity but their parent who is their carer won't allow them to and will not provide the support they would need. Conversely the adult may not seem to be benefiting from an activity other people are insisting they do.

Another situation is where an adult is being abused and they are scared of the consequences of going against the views of the person abusing them. It is recognised in the law as coercion and a person can be seen not to have mental capacity because they cannot make 'free and informed decisions'.

Mental Capacity must also be considered when we believe abuse or neglect might be taking place. It is important to make sure an 'adult at risk' has choices in the actions taken to safeguard them, including whether or not they want other people informed about what has happened, however, in some situations the adult may not have the mental capacity to understand the choice or to tell you their views.

Each home nation has legislation that describes when and how we can make decisions for people who are unable to make decisions for themselves. The principles are the same.

- We can only make decisions for other people if they cannot do that for themselves at the time the decision is needed.
- If the decision can wait, wait – e.g. to get help to help the person make their decision or until they can make it themselves.
- If we have to make a decision for someone else then we must make the decision in their best interests (for their benefit) and take into account what we know about their preferences and wishes.
- If the action we are taking to keep people safe will restrict them then we must think of the way to do that which restricts to their freedom and rights as little as possible.

Many potential difficulties with making decisions can be overcome with preparation. A person needing support to help them make decisions whilst taking part in a sports organisation will ordinarily be accompanied by someone e.g. a family member or formal carer whose role includes supporting them to make decisions.

It is good practice to get as much information about the person as possible. Some people with care and support needs will have a 'One page profile' or a 'This is me' document that describes important things about them. Some of those things will be about how to support the person, their routines, food and drink choices etc. but will also include things they like and don't like doing. It's also important to have an agreement with the person who has enrolled the adult in the sports activity about how different types of decisions will be made on a day to day basis.

If a person who has a lot of difficulty making their own decisions is thought to be being abused or neglected you will need to refer the situation to the Local Authority, and this should result in health or social care professionals making an assessment of mental capacity and/or getting the person the support they need to make decisions.

There may be times when a sporting organisation needs to make decisions on behalf of an individual in an emergency. Decisions taken in order to safeguard an adult who cannot make the decision for themselves could include:

- Sharing information about safeguarding concerns with people that can help protect them.
- Stopping them being in contact with the person causing harm.

Recording and Information Sharing

All health and social care groups must comply with the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR).

Information about concerns of abuse includes personal data. It is therefore important to be clear as to the grounds for processing and sharing information about concerns of abuse.

Processing information includes record keeping. Records relating to safeguarding concerns must be accurate and relevant. They must be stored confidentially with access only to those with a need to know.

Sharing information, with the right people, is central to good practice in safeguarding adults. However, information sharing must only ever be with those with a 'need to know'. This does **NOT** automatically include the persons spouse, partner, adult, child, unpaid or paid carer. Information should only be shared with family and friends and/or carers with the consent of the adult or if the adult does not have capacity to make that decision and family/ friends/ carers need to know in order to help keep the person safe.

The purpose of Data Protection legislation is not to prevent information sharing but to ensure personal information is only shared appropriately. Data protection legislation allows information sharing within an organisation. For example:

- Anyone who has a concern about harm can make a report to an appropriate person within the same organisation
- Case management meetings can take place to agree to co-ordinate actions by the organisation

There are also many situations in which it is perfectly legal to share information about adult safeguarding concerns outside the organisation. Importantly personal information can be shared with the consent of the adult concerned. However, the adult may not always want information to be shared. This may be because they fear repercussions from the person causing harm or are scared that they will lose control of their situation to statutory bodies or because they feel stupid or embarrassed. Their wishes should be respected unless there are over-riding reasons for sharing information.

The circumstances when we need to share information without the adult's consent include those where:

- it is not safe to contact the adult to gain their consent – i.e. it might put them or the person making contact at further risk.
- you believe they or someone else is at risk, including children.
- you believe the adult is being coerced or is under duress.
- it is necessary to contact the police to prevent a crime, or to report that a serious crime has been committed.
- the adult does not have mental capacity to consent to information being shared about them.
- the person causing harm has care and support needs.

When information is shared without the consent of the adult this must be explained to them, when it is safe to do so, and any further actions should still fully include them.

If you are in doubt as to whether to share information seek advice from your Designated Safeguarding Lead and / or contact the Local Authority (Professional Help Line at HCC) and explain the situation without giving personal details about the person at risk or the person causing harm.

Any decision to share or not to share information with an external person or organisation must be recorded together with the reasons to share or not share information.

Multi-Agency Working

Safeguarding adults' legislation gives the lead role for adult safeguarding to the Local Authority. However, it is recognised that safeguarding can involve a wide range of organisations.

Health and social care support organisations may need to cooperate with the Local Authority and the Police including to:

- Provide more information about the concern you have raised.
- Provide a safe venue for the adult to meet with other professionals e.g. Police/Social Workers/Advocates.
- Attend safeguarding meetings.
- Coordinate internal investigations (e.g. complaints, disciplinary) with investigations by the police or other agencies.
- Share information about the outcomes of internal investigations.
- Provide a safe environment for the adult to continue their social support activity/ their role in the organisation.

Appendix 1 – Example Role Description: Safeguarding Lead

The designated person within an organisation has primary responsibility for putting into place procedures to safeguard adults at risk, and for managing concerns about adults at risk.

Duties and responsibilities include:

- Working with others within the organisation to create a positive inclusive environment.
- Play a lead role in developing and establishing the organisation's approach to safeguarding adults and in maintaining and reviewing the organisation's implementation plan for safeguarding adults in line with current legislation and best practice.
- Coordinate the dissemination of the safeguarding adult policy, procedures and resources throughout the organisation.
- Contribute to ensuring other policies and procedures are consistent with the organisation's commitment to safeguarding adults.
- Advise on the organisation's training needs and the development of its training strategy.
- Receive reports of and manage cases of poor practice and abuse reported to the organisation – including an appropriate recording system.
- Support the Trustees to co-ordinate the case management process.
- Manage liaison with, and referrals to, external agencies for example adult social-care services and the police.
- Create a central point of contact for internal and external individuals and agencies concerned about the safety of adults within the organisation.
- Provide advice and support to county safeguarding officers and play a lead role in their recruitment, selection and training.
- Represent the organisation at external meetings related to safeguarding.

Appendix 2 – How to record concerns

Information passed to the Adult Services or the police must be as helpful as possible, hence the necessity for making a detailed record at the time of the disclosure/concern. Information should include the following:

- The name of the adult at risk.
- Age of individual and date of birth
- Home address and telephone number
- Is the person making the report expressing their own concerns or those of someone else?
- What is the nature of the allegation? Include dates, times, any special factors and other relevant information. Make a clear distinction between what is fact, opinion or hearsay.
- A description of any visible bruising or other injuries. Are behavioural signs or indirect signs evident?
- Witnesses to the incidents.
- The adult at risks' account, if it can be given, of what has happened and how any bruising or other injuries occurred.
- Have the family/carer been contacted? If so what has been said?
- Has anyone else been consulted? If so record details.
- If it is not the adult at risk making the report has the individual concerned been spoken to? If so what was said?
- Has anyone been alleged to be the abuser? If yes, record details of the allegation made, including the identity of the alleged abuser, the person making the allegation and the time and date.

Appendix 3 – Expression of Concern Form

Safeguarding Expression of Concern Form

This form should be completed when there is cause for concern and given to your Designated Safeguarding Lead as soon as possible.

Details of Member or Volunteer:

Volunteer or Member Name:

Details of the person(s) reporting concerns:

Do these concerns relate to a specific incident/disclosure? If YES complete Section A;

If NO, omit section A and move straight to Section B

Section A:

Date and time of incident/disclosure:

Location of incident/disclosure:

Date this form was completed:

Section B:

Details of concern/disclosure/incident:

(What was said, observed, reported)

Action taken:

(What did you do following the incident/disclosure/concern?)

Any other relevant information:

Signed:

Date:

For completion by the Designated Safeguarding Lead (DSL):

DSL Response:

Action taken by DSL:

Rationale for decision making/actions taken:

T

Outcome of action taken by DSL:

Follow up action by DSL: See Over – dated ongoing actions

Signed by DSL:

Date:

Full Name:

Checklist for DSL:

- ✓ Concern described in sufficient detail?
- ✓ Distinguished between fact, opinion and hearsay?
- ✓ Own words used? (Swear words, insults or inflammatory vocabulary should be written down verbatim)
- ✓ Jargon free – to the point
- ✓ Free from discrimination/stereotyping or assumptions?
- ✓ Concern recorded and passed to DSL in a timely manner?

Ongoing actions where appropriate:

Date /Time	Incident / Activity	Action taken